

Appeal #	
, .	For Office Use Only

CITY OF SEDONA CAPACITY FEE APPEAL APPLICATION CITY OF SEDONA DELIQUENT ACCOUNT INTENT TO LIEN/LIEN APPEAL APPLICATION

Please Reference City Code 13.15.080 and 13.20.070 for the guidelines on which an appeal may be filed

NAME:		PHONE:	99-1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
PROPERTY ADDRESS FOR WHICH	1 APPEAL AP	PLIES:		
PARCEL #:	CITY OF SEDONA UTILITY ACCOUNT #:			
is this a residential or a co	MMERCIAL P	ROPERTY?		
Please explain as thoroughly as p	oossible the r	eason for the appeal:	_	
All documentation should be sub	mitted with	the Appeals Application.		
The Finance Operations Manager	r or Finance [in applicable	neduling a Hearing, will review this Director may request a meeting to o solution. If the decision were not a ficer.	discuss the	
<u> </u>	er. A letter of	earings will be held at the earliest d f confirmation informing you of the ur mailing address above.		
Applicant Signature	Date	Confirm. Receipt of Materials	Date	